When The Sniffles Strike During Pregnancy: Cold Meds & Your Questions Answered

Is it a cold? The flu? Or is it COVID-19? Either way, it is miserable.

It is Friday afternoon. You are pregnant, or actively planning, and you wake up with a scratchy throat, pressure in your nose and forehead, and runny nose. You think you have a cold… or is it the flu or COVID-19? You have left a message with your healthcare provider to ask them about what to do and what medication you can take. You are worried about taking the wrong medication. As the hours pass, you think it is unlikely that you will be able to get in touch with them before the end of the workday. Now, you are worried about going into the weekend without medication.

What to do? First, try to figure out if it is a cold, flu, or COVID-19. Some healthcare providers may share instructions for this situation and/or give their pregnant patients a list of medications that they approve for common medical conditions. When this list is not provided, many pregnant women contact MotherToBaby specialists for help. Although MotherToBaby specialists cannot make specific medication recommendations, we can provide information on most medications based on the studies and how the drugs work.

Is It a Cold?

A cold is caused by one of more than 200 viruses. Colds can spread easily from person to person. Symptoms can include sore throat, runny or stuffy nose, sneezing and coughing, headache, and muscle aches. For healthy pregnant women, an infection with a cold is not associated with a higher risk to her or her developing baby. There is no testing for a cold. Generally, colds are treated with over-the-counter medications.

Is it the Flu?

Influenza, often called “the flu,” is an illness caused by a virus. Flu symptoms include fever (typically between 100°F to 104°F), chills, cough, sore throat, body aches, and tiredness. Pregnant women and their pregnancy are at higher risk from flu. Testing for flu is available in the doctor’s office and at some pharmacies. Antiviral medications are recommended for pregnant women even if the testing has not been completed due to the risks from flu.

Is it COVID-19?

COVID-19 is caused by the SARS-CoV-2 (virus). The symptoms of flu and COVID-19 are similar. Symptoms include fever, cough, shortness of breath, sore throat, body aches, headache and change of taste or smell. Some people may have symptoms that last a short time and others may get very sick. Pregnant women and their pregnancy are at higher risk from COVID-19 infection. Testing for COVID-19 is available over the counter. Medication is recommended by health organizations for pregnant women with COVID-19.

Fever

In adults, a fever is a temperature of 100.4°F (38°C) or higher. Most healthcare providers recommend acetaminophen to treat fever, headache, and body pain in pregnancy. Studies on acetaminophen use during pregnancy have not shown a higher risk to the developing baby when it is used as directed for a short time.

A high fever that is untreated in pregnancy increases the chance of birth defects. A temperature of 101°F that lasts for over 24 hours early in pregnancy may increase the risk for a birth defect of the spine. You can read more about fever at https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/.

Over the Counter and Self-care Treatments

Pharmacies have rows of cough and cold products. In pregnancy, it is best to take an alcohol-free medication that contains only those ingredients that address the specific symptoms. For example, if the only symptom is body aches, taking a multi-symptom medication for congestion, cough and body aches would mean unnecessarily exposing yourself and the developing baby to medications.

Below we review some over-the-counter cold treatments and self-care treatments. The options below do not cover all treatments and should not be considered a recommendation. Ideally, it is best to always discuss your symptoms with your healthcare provider, because they know you best and can take into account any unique health issues that you may have.

Medication for Cough

Because many cough syrups can contain up to 10% alcohol, it is important to select an alcohol-free cough syrup. Cough syrups may also contain ingredients for stuffy nose or pain. If the only issue is a cough, taking the medication with the least ingredients is preferred to minimize the exposure to the pregnancy.

Cough drops and throat lozenges can contain flavorings such as honey, menthol, or anesthetics to numb the throat. There is no warning about using these during pregnancy for cough or a sore throat.

Vitamin C and other vitamins are taken during a cold or for cold prevention. During pregnancy, it is recommended to limit vitamins to those in the prenatal category unless recommended by the healthcare provider. Vitamins, like medications, cross the placenta and expose the developing baby which does not have a need for higher doses and in some cases, could be harmful.

Tea and Honey

Honey and warm tea may be helpful in relieving a sore throat caused by coughing and may thin mucus so that the

cough is more productive. There is no warning about eating honey in tea, toast, or any other food during pregnancy. Herbal tea does not have caffeine and if taken as a beverage, there is no warning. Black tea, green tea, and white tea may have caffeine. If taking tea with caffeine, it is important to read the label to learn about the amount of caffeine per cup. Pregnant women can have up to 200 mg of caffeine per day from all sources combined. If drinking decaf tea, there is no warning to pregnant women.

Medications for Nasal Congestion

A stuffy nose can cause painful sinuses and make it less enjoyable to eat and hard to sleep. Over-the-counter nasal decongestant choices fall into two categories: oral (pills by mouth) or nasal spray. Some oral decongestants are pseudoephedrine and phenylephrine. Nasal sprays may contain phenylephrine, oxymetazoline, or steroid medications. Taking an oral decongestant means that your developing baby will be exposed to the medication. Nasal sprays reduce the chance of exposure to your baby, depending on the frequency of use and dose. Always read the labels and take them as directed.

Nasal Congestion: Non-medication Options

Nasal irrigation (bulb syringe, squeeze bottle, or neti pot): Studies of nasal irrigation have not shown a proven benefit on the duration or severity of colds. However, some people who have used nasal irrigation have reported feeling better. For pregnant women, the most reassuring part is that it uses only water and saline, so there is no medication involved and no exposure to the pregnancy. It is important to use only previously boiled, distilled, or sterile water to irrigate; and to keep nasal irrigation equipment clean and sterilized to avoid the risk of infection.

Shower tablets/vaporizers: Shower vapor tablets have become popular because they might help clear stuffy noses for a short time. These tablets are placed on the shower floor and as the warm water reaches the tablet, it dissolves and makes a steam with a vaporizer-like effect. Most shower tablets ingredients include sodium carbonate, sodium bicarbonate (baking soda), and essential oils (such as peppermint, rosemary, eucalyptus, and lavender). There are no studies on the use of shower tablets during pregnancy, but essential oils are used in many candles, lotions, and other home products, so exposure to these oils is common. With use as directed, it is not expected that the ingredients in shower tablets would increase the chance for problems during pregnancy.

Humidifiers: Humidifiers are used to add moisture to the air and provide relief from sinus pressure, dry skin, and throat. They use only water so there is no medication exposure. It is important to keep humidifiers clean to avoid the risk of putting mold and bacteria into the air, which could then cause allergies.

Nasal strips: Nasal strips are marketed to people who have a hard time sleeping due to snoring, but they also claim to help with congestion from colds. Although there are no studies that show these products help with colds, there is some evidence that they may help with snoring by spreading the nose and widening the air passage. Nasal strips do not contain medication, so there is no concern about their use during pregnancy.

Electric Blankets and Heating Pads: Electric blankets are sometimes used by people with body chills from having the flu or a cold. Electric blankets produce heat that varies from 86°F (30°C) to 122°F (50°C), which can be comforting. However, there is some concern about the heat from use of electric blankets in early pregnancy, raising body temperature and increasing the risk of birth defects of the spine. However, the studies on electric blanket use during pregnancy have some problems and not all have shown problems in pregnancy. As the studies are unclear, pregnant

women may want to avoid the higher heat for peace of mind.

Remedies to Avoid

Vitamin C and zinc: When you feel a cold coming on, you could be tempted to reach for vitamin C and zinc. This is not recommended during pregnancy. First, there is not enough evidence that vitamin C or zinc help in preventing or treating colds. Second, the doses of vitamin C and zinc in supplements for colds are higher than recommended doses for pregnant women. The recommended vitamin C dose is 80 mg for pregnant teens and 85 mg per day for pregnant adults. The recommended dose for zinc is 12 mg for pregnant teens and 11 mg per day for pregnant adults. If you are taking prenatal vitamins, it is likely that they contain the vitamin C and zinc that you need for the day.

Non-steroidal anti-inflammatory drugs (NSAIDs): For most healthy pregnant women, over-the-counter pain relievers such as ibuprofen, naproxen, and aspirin are generally not recommended during pregnancy. NSAIDs are associated with a risk for premature closure of the ductus arteriosus (a heart and lung condition) in the baby if the medication is used at higher doses in the second half of pregnancy. Although low dose aspirin is sometimes recommended in pregnancy under a doctor's supervision to treat or prevent specific medical conditions, regular strength aspirin and other NSAIDs are not typically recommended for treating pain or fever in pregnancy.

Herbal products: Many herbal supplements marketed for treating colds and flu have not been studied in pregnancy, so the possible risks are not known. In addition, the benefits of using herbal supplements are not always proven. For example, echinacea has been promoted as a cold remedy, but a review of over 24 studies with over 4,000 participants did not find that it shortened the number of days for a cold compared to people who did not take echinacea.

Prevention

Vaccination is key and the best tool that we have for preventing flu and COVID-19 or reducing the severity of the symptoms if you do get infected. Studies involving many thousands of pregnant women have not shown a higher risk of birth defects or complications. MotherToBaby has fact sheets with information on both the flu vaccine and COVID-19 vaccine.

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I can’t begin to describe how organized I was during the holiday season when I was pregnant with my first child. Since I was pretty far along (5 months), I wanted to make sure each gift was chosen way ahead of time, I knew how long it would take me to get the food trimmings just right and whether I should emphasize red or green in my decorating scheme. All of this had to be done before that “pregnancy brain” I had heard so much about set-in. Little did I know, the most important items on my holiday to-do list weren’t sitting on store shelves or mixed in with the tinsel and mistletoe.

Years later, as a teratogen information specialist for MotherToBaby, I realized some of the best gifts for a healthy pregnancy didn’t come with ribbons and bows, but from awareness and education! For example, did you know the holiday buffet table could include foods that could potentially cause harm to a developing baby? Or, if not careful, decorating could put a pregnant woman in a dangerous situation? Today I encourage pregnant women to master must-know safety tips long before putting together must-have gift lists this season. Here are a few of my tips:

Tip 1. Importance of Getting Vaccinated

It is recommended that pregnant women have a flu vaccine in every pregnancy and be current on Tdap vaccine and Covid 19 vaccines. Women who are 32-36 weeks pregnant are currently eligible for the RSV vaccine https://mothertobaby.org/fact-sheets/rsv-vaccine/. This vaccine can pass protection to the developing baby, helping lower the chance of severe RSV infection once the baby is born.

Not only should a pregnant woman be up-to-date on vaccines, but **anyone** older than 6 months of age who will be around a newborn should be vaccinated.

Tip 2. Choose Wisely at the Buffet Table

Drinks like eggnog and spiced cider may contain alcohol https://mothertobaby.org/fact-sheets/alcohol-pregnancy. If you're not sure what's s in a beverage, ask the host. Also, avoid soft cheeses made from unpasteurized milk, as they may contain bacteria that can cause a serious illness for a developing baby called Listeria https://mothertobaby.org/fact-sheets/listeriosis-pregnancy, as well as increased risk of miscarriage, uterine infection, or premature labor. Meats like cocktail franks and pâté can also contain bacteria. Meats need to be thoroughly cooked so that bacteria are killed.

Tip 3. CMV (cytomegalovirus) May Be Lurking

CMV is a common virus that often has no symptoms. If a pregnant woman gets CMV https://mothertobaby.org/fact-sheets/cytomegalovirus-cmv-pregnancy, the baby could be at increased risk for hearing loss, developmental delays, or birth defects. To prevent infection, pregnant women should wash hands after changing diapers, feeding children, wiping children's noses, or handling children's toys. Also, avoid sharing food, eating utensils, toothbrushes, and pacifiers with children.

Tip 4. Holiday Decoration Safety

Some artificial trees, strings of lights, and ornaments may contain lead. Use gloves or wash hands after handling decorations to reduce exposure. Because of changes in their center of gravity, pregnant women should stay off ladders and let others decorate the hard-to-reach places.

Tip 5. Manage Anxiety and Depression

Having a 'happy holiday' can mean lots of stress, especially when pregnant. Anxiety https://mothertobaby.org/fact-sheets/anxiety-fact to have that ***perfect*** holiday is real. Depression https://mothertobaby.org/fact-sheets/depression-pregnancy can be triggered this time of year as well. Don't hesitate to ask for help if you are feeling overwhelmed with all the gift giving and holiday activities. Stay in-touch with your healthcare providers because…. help is available!

I hope these tips are helpful. While my son did end up turning out to be just fine, I think I would have caused myself less stress and worry had I known these tips during my pregnancy. If you have questions, don't hesitate to reach out to MotherToBaby by phone, text, chat or email.

On behalf of all of us at MotherToBaby, here's to wishing you a happy and healthy holiday!

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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Welcome, spring! Did someone say wildflowers? (***AHHH…) T***rees? ***(AHHH…) Gr***asses? ***(CHOO!) Ugh!*** While many people enjoy renewed energy brought on by the bursting forth of spring color, others feel only the misery of seasonal allergies due to pollen, mold, and other springtime triggers. Combine seasonal allergy symptoms with pregnancy, and you can end up short on sleep, long on fatigue, and with an increased chance of respiratory complications if you have asthma. None of these things are good for you or your baby, and keeping asthma symptoms under control is especially important during pregnancy.

Wash Your Cares Away

A simple over-the-counter (OTC) saline nose spray can rinse pollen, dust, and other allergy triggers from your nose. This option is not expected to result in an exposure for the pregnancy or to increase pregnancy risks.

Sleep, Magical Sleep

To help you sleep better, consider using OTC nasal strips to open your nasal passages at night. Use a pillow cover to reduce dust and other allergens. Also try sleeping with your head slightly elevated to help drain the sinuses and reduce inflammation.

Still Suffering?

It may be worth having a conversation with your healthcare provider about the pros and cons of various allergy medications. Before grabbing an over-the-counter medication to treat your symptoms, consider this:

- With any medication, take the time to read your labels. Some allergy medications marketed for cough and cold contain alcohol, which should be avoided during pregnancy. Also, multi-symptom formulas might contain additional medications that you don't need. As with any medication in pregnancy, use allergy medications for the shortest amount of time needed, and follow dosing instructions carefully.
- **Antihistamines:** Older antihistamines like diphenhydramine (sold under the name Benadryl® and other brands) and chlorpheniramine can make you sleepy, so they aren't ideal for daytime use. Newer antihistamines, such as cetirizine (Zyrtec®), fexofenadine (Allegra®), and loratadine (Claritin®), are less likely to make you drowsy and have not been shown to increase the chance of birth defects or other pregnancy complications when used as directed.
- **Eye drops:** Allergy eye drops may contain antihistamines, steroid medications, or other active ingredients. Eye drops result in lower exposure for the pregnancy than oral (swallowed) medications do. However, some eye drops have been better studied for use in pregnancy than others have. Check with your healthcare provider or

contact a MotherToBaby specialist for questions about your specific eye drop.

- **Steroid nasal sprays:** OTC options include budesonide, fluticasone, and triamcinolone (you can find the active ingredients listed on the label). Some older studies suggested that using oral steroid medications might increase the chance of cleft lip or palate and affect the baby's growth, but newer studies don't find this to be true. In addition, nasal sprays are not well absorbed into the bloodstream when used as recommended, so there is less exposure for the pregnancy. Compared to some other nasal spray ingredients, fluticasone might be absorbed in greater amounts, but these still would not reach the amounts seen with oral medications. No increased pregnancy risks have been seen specifically with OTC steroid nasal sprays.
- **Decongestants:** The overall research does not suggest that using decongestants for a short time would increase pregnancy risks. However, decongestants work by temporarily making the blood vessels narrower. There are concerns that this could limit the supply of oxygen to the placenta and the developing baby. Some healthcare providers recommend avoiding decongestants in the first trimester, and using them with caution any time in pregnancy. Short term use (3 days or less) of nasal spray decongestants results in less exposure for the pregnancy than oral decongestants do.
- **Allergy shots**: Most reactions to allergy shots (redness, swelling, itching) are not dangerous. If someone is already receiving allergy shots before they get pregnant, there is no general recommendation to stop during the pregnancy. However, there is a small chance that a person could have a life-threatening allergic reaction (anaphylaxis) if they are new to allergy shots or are building up their dose. For this reason, it is not recommended to start getting allergy shots for the first time or to increase the dose during pregnancy.

If you have questions about specific allergy medications during pregnancy, including those available by prescription, talk to your healthcare provider or contact us at MotherToBaby. Happy spring!

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By Heidi S. Neuburger, MS, MA, Indiana University Audiologist

It was a busy day in the audiology clinic, but my 10AM patient made me pause. I reviewed the medical records for this adorable 2 1/2 year old. His mother, a daycare provider, had contracted cytomegalovirus (CMV) early in her pregnancy. Unfortunately, there is nothing unusual about this. You can get CMV by contact with bodily fluids from a person who carries the virus. If mommy is caring for toddlers, either at home or in her place of work, she is at very high risk for coming into contact with diapers, runny noses, table tops and toys that may be infected with the virus. As many as 38% of toddlers who go to day care may have CMV, and they can pass it to other children, their families, or care givers.

The symptoms of CMV can be mild, or there may not even be any at all. Symptoms can include a little sore throat, fever, swollen glands and fatigue for a few days. But when mommy catches CMV during a pregnancy, there can be serious consequences to the baby in the womb. Congenital CMV infection occurs in 1 out every 100 to 150 babies that are born to mothers with CMV, although only about 1 in 5 of these kids will have long term health problems. (CDC.org)

In this case, the medical record showed that my patient did indeed test positive for the CMV virus at birth. The virus crossed the placenta, from mother to the developing fetus, causing the infection. But to the relief of all, in spite of a positive diagnosis of the presence of the virus in the baby at birth, there did not appear to be symptoms other than a little jaundice, which returned to normal within a couple of weeks. The family breathed a sigh of relief. Yet – here they were. The toddler (now 32 months old) was not talking at all. In fact, he was lagging farther and farther behind his peers developmentally.

After 40 minutes in the sound booth with this little boy I was able to confirm that he had a severe hearing loss in both ears. The fact that he had passed his newborn hearing screen suggested that the hearing loss had been getting worse over time. And a hearing loss of this degree surely had something to do with his delayed language development, and other possible developmental delays.

What can we learn from this challenging outcome? What could have been done?
For October's National Audiology Awareness and Protect Your Hearing Month, I thought it was particularly timely to focus on the lesson learned from this little boy's situation. More often than not, when a baby is exposed to CMV in the womb, especially early in the pregnancy, there will not be birth defects. In fact most babies will be born without symptoms or obvious defects. In one study (Naing et al, 2015) 18% of children born positive for CMV were without symptoms at birth, but later had a delayed onset of hearing loss. I would have liked to have seen a heightened level of suspicion that hearing loss may emerge with this child, because of his congenital CMV diagnosis. It may not be possible to stop the onset or worsening of this hearing loss, but repeat testing of his hearing every 4 to 6 months would have gone a long way toward early identification of the hearing loss, and earlier intervention with hearing aids and speech/language therapy.

Hearing loss is just one of the potential effects of CMV infection during pregnancy. To learn more about the broader range of effects, how to test for CMV, and how you can prevent infection, visit the CMV and Pregnancy fact sheet: https://mothertobaby.org/fact-sheets/cytomegalovirus-cmv-pregnancy/. And remember: a MotherToBaby expert is just an email, text message, live chat, or phone call away!

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